

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 744947	
1. Entity Name PINELLAS PARK YOUTH SOCCER ASSOCIATION, INC.	

Principal Place of Business 3750 66TH AVE N PINELLAS PARK, FL 33780-2094 US	Mailing Address P.O. BOX 2094 PINELLAS PARK, FL 33780-2094 US
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1885265	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, TIM 5319 58TH AVE SAINT PETERSBURG, FL 33709	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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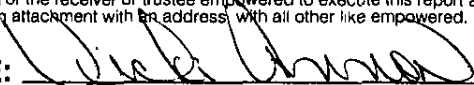
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, TIM 5319 58TH AVENUE NORTH ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERROL, LARRY 2341 LORENA LANE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNON, VICKI 6000 96TH TERRACE NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80092-017-61-25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	02-04-08	727-418-1797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #